

Gp 2833

PATENT
P70-US



CERTIFICATE OF MAILING BY "FIRST CLASS MAIL" 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on May 3, 2003 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Patti Crowder
Patti Crowder

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of: Eldridge et al.

Application No.: 09/810,871

Filing Date: March 16, 2001

For: Wafer Level Interposer

Examiner: A. Gilman

Group Art Unit: 2833

#13
5/14/03
Jim

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COMMUNICATION

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Applicants mailed on January 8, 2002 an Information Disclosure Statement (IDS) in the above-identified patent application listing 54 references. The IDS was received by the PTO on January 28, 2002. The IDS is listed in the PTO's PAIR system as number 11, dated January 28, 2002. The form 1449 (four pages) has not been returned or mentioned in any Office Action. Applicants ask the Examiner to initial the form 1449 and return the initialed form 1449.

Respectfully submitted,

Date: May 2, 2003

By:

N. Kenneth Burraston
N. Kenneth Burraston
Reg. No. 39,923

FormFactor, Inc.
Legal Department
2140 Research Dr.
Livermore, CA 94550
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PATENT
Attorney Docket No.: P70-US

<p align="center">CERTIFICATE OF MAILING BY "FIRST CLASS MAIL" 37 C.F.R. §1.8</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on <u>May 5, 2003</u> in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p align="center"><i>Patti Crowder</i> Patti Crowder</p>
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CALCULATION OF FEE FOR AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In an Amendment in the above-referenced U. S. patent application filed herewith, a fee for amendment of claims is required, and is calculated as shown below:

AMENDED CLAIMS					
	<u>No.</u>	<u>Previously Paid</u>	<u>Extra</u>	<u>Rate</u>	<u>Fee</u>
Total Claims:	42	minus 40 =	2	\$18	\$36.00
Independent Claims:	2	minus 3	0	\$0	\$0
Multiple dependent claims at \$280.00 each:					\$0
FEE DUE FOR AMENDMENT OF CLAIMS FOR THIS RESPONSE:					\$36.00

- ☐ A Check in the amount of \$ _____ is enclosed to cover fees due.
- ☒ The Assistant Commissioner is hereby authorized to charge the foregoing fee of \$36.00 and any additional fees that may be required by this transmittal and associated documents, or to credit any overpayment to Deposit Account No. 50-0285 (Order No. P70-US).

Respectfully submitted,

Date: May 5, 2003

By:

N. Kenneth Burraston

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Reg. No. 39,923

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